

COPIER/MFD ACTION REQUEST FORM (PH-DAPS 5213/1 Rev. 11-02)

Use this form for any actions on DAPS BPAs for copiers / MFDs (multifunctional devices). Visit our website for more information: <https://www.arlington.daps.dla.mil> (LOCAL NEWS), or contact DAPS Representative at (703)607-5209; fax: (703) 602-9174.

ACTIVITY/ORGANIZATION			DATE OF REQUEST		REQUESTED DATE OF INSTALLATION	
PRIMARY POC (NAME, PHONE, FAX, EMAIL)			MAILING ADDRESS			
KEY OPERATORS (LIST 2) NAME, PHONE, FAX, EMAIL						
			ESTIMATED AVERAGE MONTHLY VOLUME			
CURRENT COPIER LOCATION			PROPOSED COPIER LOCATION			
BASE OR CITY		CODE	BASE OR CITY		CODE	
BLDG	FLOOR/DECK	ROOM	BLDG	FLOOR/DECK	ROOM	
 BAND / GROUP _____ MAKE _____ MODEL _____ SERIAL NO. _____ ____ CANON ____ RICOH ____ XEROX ____ SHARP ____ Government-owned			 BAND / GROUP _____ MAKE _____ MODEL _____ OPTIONAL FEATURES SELECTED: _____ _____ _____ _____ PAYMENT PLAN: ____ 48-month ____ LTOP ____ RENTAL ____ 60-month ____ Outright Purchase ____ TRADE-IN (if applicable, write model/serial #) _____ Name of Dealer/POC: _____ ____ Attach any pricing proposals received from vendor.			
ACTION (Select One) ____ ADD New Copier (Please allow 30 days) ____ CANCEL* Existing Copier - Do Not Replace. ____ REPLACE* Existing Copier. ____ UPGRADE* Existing Copier. ____ DOWNGRADE* Existing Copier. ____ MOVE** Copier by Contractor. (charged at current rate) **Customer is liable for any damage incurred when moving is not done by vendor. *Cancellation charges may apply.						
REMARKS:			Copier/action will be funded by: ____ funding document attached ____ funding document for existing copier account # _____			
			Note: For all copiers on LTOP or outright purchase, title will transfer to the requesting organization once it has been paid for.			
We have evaluated at least two different manufacturers' alternatives and have determined that the copier selected above provides best value for our organization. The two other options considered were: 1. _____ 2. _____ Reason why the copier above was selected: _____						
As Approving Official for my Activity, I understand that my copier agreement with DAPS is either for 48 months or 60 months, and early cancellation may result in cancellation charges, which I am responsible for. I also agree to have funding for this copier account in place by October 1 - or earlier - of each fiscal year.						
ACTIVITY APPROVING OFFICIAL'S SIGNATURE, PHONE				DATE		